

## Home Study Summary and Recommendation Outline

Date of study	Study completed by
Type of study	Approved/denied

Throughout the PS-MAPP sessions, the family and this worker discussed and assessed the family's strengths and needs in relation to foster care and adoption. We focused on the five core abilities outlined by the leaders of PS-MAPP. The items in **bold** and *italics* throughout this study reflect the family's commitment and ability to perform these five abilities. The five core abilities expected of all foster and adoptive parents in Iowa are as follows:

1. ***Meet the developmental and well-being need of children coming into foster care or being adopted through foster care.***
2. ***Meet the safety needs of children coming into foster care or being adopted through foster care.***
3. ***Meet their family's needs in ways that assure a child's safety and well-being.***
4. ***Share parenting with a child's family.***
5. ***Support concurrent planning for permanency.***

### 1. Summary of Dates and Family Consultations

- ◆ Dates of PS-MAPP
- ◆ Sessions worker or agency attended PS-MAPP with the family
- ◆ First consultation date
- ◆ Final consultation date
- ◆ Additional consultations (if applicable)
- ◆ Universal precautions completed
- ◆ Date of criminal record check
- ◆ Date of sex offender registry check
- ◆ Date of child abuse registry check
- ◆ Foster home survey report date (if applicable)
- ◆ Pet vaccinations dates

### 2. Motivation for Becoming a Foster/Adoptive Family

Include grief and loss issues, goals, what they bring, etc.

### **3. Strengths and Needs Relative to the Skills Required to Foster/Adoptive Parenting**

- ◆ Background information and personal characteristics (parents, siblings, relationships, location)
- ◆ Education (level, value of, knowledge in community, expectations, experience, special education)
- ◆ Occupation (work history, work hours, job satisfaction, child care plan, finances)
- ◆ Marriages and children (time available to provide care, equal treatment, family awareness and agreement)
- ◆ Religion or faith (importance, attendance, acceptance, expectations)
- ◆ Health and mental health (physician's report summary, alcohol or drug use, therapy or counseling, history of sexual abuse, significant medical history affecting parenting ability)
- ◆ Strengths/needs summary

***Ability #1: During the meetings, \_\_\_\_\_ demonstrated ways to assess the well-being of foster/adoptive children. They made an informed commitment to meet the developmental and well-being needs of foster/adoptive children.***

***Ability #2: \_\_\_\_\_ made an informed commitment to assure a foster/adoptive child's safety.***

***Ability #3: During the final PS-MAPP meetings, \_\_\_\_\_ made an informed commitment to meet their family's needs in ways that will assure the safety and well-being of foster/adoptive children.***

### **4. Commitment to Safety**

- ◆ Ability to accept foster or adoptive children
- ◆ Care of foster children
- ◆ Community participation
- ◆ Daily routine
- ◆ Education
- ◆ Religion
- ◆ Supervision
- ◆ Work assignments
- ◆ Home environment (safety factors, meet requirements, sleeping arrangements, weapons in home, medications, hazardous chemicals, smoking habits and safety plans)
- ◆ Others in the home (amount of contact, records checks, role in family)
- ◆ Child-rearing practices (discipline policy agreement)

## 5. Summary of References

## 6. Willingness to Work With the Birth Family of a Child in Foster Care

**Ability #4:** *During the meetings and family consultations, \_\_\_\_\_ made an informed commitment to share parenting with the birth family of a foster child.*

- ◆ Realistic expectations

## 7. Understanding of and Willingness to Support Concurrent Planning

**Ability #5:** *\_\_\_\_\_ made an informed commitment to support concurrent planning for permanency.*

## 8. Plan for Supporting This Family After Approval

- ◆ Mandatory reporter training

## 9. Placement Recommendation

*\_\_\_\_\_ and this worker believe that this family is best able to meet the physical and emotional needs of children with the following characteristics:*

### Foster Care

- ◆ Gender
- ◆ Age
- ◆ Sibling group
- ◆ HIV status
- ◆ Race

### Adoption

- ◆ Gender
- ◆ Age
- ◆ Sibling group
- ◆ HIV status
- ◆ Race

- ◆ Special needs the applicants WILL consider
- ◆ Special needs the applicants WILL NOT consider
- ◆ Reasons supporting each of the above

***This family would appreciate financial assistance in the form of foster care reimbursement, Medicaid, and adoption subsidy if deemed appropriate.***

## 10. Decision

- ◆ Signature of person submitting recommendation and date
- ◆ Title of person submitting recommendation
- ◆ Name of supervisor
- ◆ Signature of supervisor and date
- ◆ Center address
- ◆ Phone